

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: PAUL BATEMAN

b. Your Residence: 4425 BARNOR DR INDIANAPOLIS IN 46224

c. Your Business Address: N/A

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: N/A

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Maureen E. Bowman
COUNCILLOR

6-29-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Virginia Jean Alig Cain (Gunny)

b. Your Residence:

9101 Anchor Mark Drive, Indpls. IN 46236

c. Your Business Address:

n/a

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis as city-county Councillor

Employer's Address: City County Building Indpls. IN
46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: n/a

Name under Which Such Business was Conducted: n/a

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Teleflex Medical

Employer's Address: 2917 Weck Drive, P.O. Box 12600,
Research Triangle Park, N.C. 27709

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child n/a

Employer's Name n/a

Employer's Address n/a

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☒ NO ☐

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Teleflex Medical

Entity's Address:

2917 Weck Drive, P.O. Box 12600, Research Triangle Park
north Carolina 27709

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ☐

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ☐ Dependant Child ☐

Name of Organization:

Heartland: Truly Moving Pictures ; Indianapolis Downtown, Inc.

Address of Organization:

Heartland: 200 S. Meridian Street, Ste. 220, Indpls. IN 46225
Indpls. Downtown, Inc., : Chase Tower, 111 Monument Circle

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

Ste. 1900
Indpls. IN
46204

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Power + Light

Indianapolis Motor Speedway

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Virginia Jean Alig Cami
COUNCILLOR

6/25/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: JEFFERY L. CARDWELL

b. Your Residence:
7613 HUDDLESTON DRIVE EAST
INDIANAPOLIS, IN 46217

c. Your Business Address:
3205 MADISON AVENUE
INDIANAPOLIS, IN 46227

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: SEE ATTACHED

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: See Attached

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☒ NO ☐

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Associated Materials, INC. d/b/a CARDWELL Do-it Best Home Center

Entity's Address:

3205 MADISON AVENUE

INDIANAPOLIS, IN 46227-1127

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ☐

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ☐ Dependant Child ☐

Name of Organization:

SEE ATTACHED

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

INDIANAPOLIS MOTOR SPEEDWAY
INDIANA PACERS
INDIANAPOLIS POWER & Light Company

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? ONE

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jeffery L. Cardwell
COUNCILLOR

6.24.2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

From the Office of Jeffery L. Cardwell, City-County Councillor
3205 Madison Avenue • Indianapolis, IN 46227 • (317) 781-4769

Indianapolis City-County Council Ethics Disclosure Statement – Continued

Question 2 a. Did you receive compensation from any employers in the prior year?

Answer: YES

If Yes, the name and address of all such employers:

Associated Materials, Inc. d/b/a
Cardwell Do-it Best Home Center
3205 Madison Avenue
Indianapolis, IN 46227-1127

City of Indianapolis – The Council
City County Building, Room T241
200 E. Washington Street
Indianapolis, IN 46203

Cardwell, REALTORS
3205 Madison Avenue
Indianapolis, IN 46227-1127

Huddleston Professional Centre, Inc.
3205 Madison Avenue
Indianapolis, IN 46227-1127

Madison Capital, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

J.C. Madison, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

J. M. Holdings, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

Question 2 b. Were you Self-Employed?

Answer: YES

Associated Materials, Inc. d/b/a
Cardwell Do-it Best Home Center

General Retail Hardware Store, Tool
Rental and Building Material Supplier

Cardwell, REALTORS

Residential & Commercial Real Estate Broker

Huddleston Professional Centre, Inc.

Property Management/Investment / Leasing Broker

Madison Capital, LLC

Commercial Property Management/Investment

J.C. Madison, LLC

Residential/Commercial Management/Investment

J.M. Holdings, LLC

Industrial Property Management/Investment

Question 5. Did you, your spouse, or any dependant child serve as an officer or board member of any organizations that received or applied for funding from the City or County?

Answer: YES Person Serving: Councillor

Gateway Business Alliance, Inc. d/b/a
Gateway Community Alliance
A registered not-for-profit organization
3205 Madison Avenue
Indianapolis, IN 46227-1127

Indianapolis City Market Corporation
A registered not-for-profit organization
Volunteer Board Member
222 E. Market Street
Indianapolis, IN 46204

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.
 - a. Your Name: BOB COCKRUM
 - b. Your Residence: 6004 W. RALSTON RD.
INDIANAPOLIS, IN 46221-9678
 - c. Your Business Address: NA
2.
 - a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐
If Yes, the Name and Address of all Such Employers
Employer's Name: CITY OF INDIANAPOLIS
Employer's Address: 200 E. WASHINGTON ST.
INDIANAPOLIS, IN 46204
[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
 - b. Were You Self-Employed?
YES ☐ NO ☒
If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO X

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO X

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES X NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: X Spouse ___ Dependant Child _____

Name of Organization:

MARION COUNTY CAPITAL IMPROVEMENT BOARD

Address of Organization:

100 S. CAPITOL AVE.

INDIANAPOLIS, IN 46225-1071

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

CITIZENS GAS CO. - DINNER TICKETS
CAPITAL IMPROVEMENT BOARD - LOS OPEN HOUSE +
COLTS TICKETS
INDIANAPOLIS COLTS - COLTS TICKETS
INDIANAPOLIS CHAMBER OF COMMERCE - RECEPTION
R W ARMSTRONG - DINNER TICKETS
- PARKS LUNCHEON
INDIANAPOLIS ARTS COUNCIL - LUNCHEON
IUPUI - LUNCHEON
INDIANAPOLIS POWER + LIGHT - DINNER
ASSOCIATION OF INDIANA ARCHITECTS - RECEPTION
INDIANA PACERS - BREAKFAST MEETING
INDIANAPOLIS ARTS COUNCIL - BREAKFAST MEETING

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☒ NO ☐

If Yes, How Many Additional Sheets are Attached? 4

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Bob Cochran
COUNCILLOR

6-15-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 1 OF 4.

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE ___
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION GENERAL MOTORS CORP

ADDRESS: 40 BPS CENTER

P.O. BOX 62410, PHOENIX, AZ 85082-2410

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION MORGAN KEEGAN + CO

ADDRESS: 50 NORTH FRONT STREET

MEMPHIS, TN 38103

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION FIDELITY INVESTMENTS

ADDRESS: 397 WILLIAMS STREET MC1W

MARLBOROUGH, MA 01752

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 2 OF 4.

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION DEFENSE FINANCE + ACCOUNTING

ADDRESS: P.O. BOX 7130

LONDON, KY 40742-7130

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION INDPLS MOTOR SPEEDWAY

ADDRESS: SOUVENIR GLASSWARE

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION MBP WAYNE TWP SCHOOLS

ADDRESS: BUSINESS LUNCHES

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 3 OF 4

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION MARY RIGG NEIGHBORHOOD CENTER -
ADDRESS: LUNCHEON

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION ATT - DINNER TICKETS
ADDRESS:

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION DECATUR TWP FIRE DEPT -
ADDRESS: DINNER TICKETS

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ⁴ 4 OF 4

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION INDPLS MOTOR SPEEDWAY -

ADDRESS: SOUVENIR GLASSWARE

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Edward Coleman
- b. Your Residence: 4622 Whitridge LN
Indianapolis, IN 46237
- c. Your Business Address: 4622 Whitridge LN
Indianapolis, IN 46237
2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES X NO

If Yes, the Name and Address of all Such Employers

Employer's Name: Forest Creek Village

Employer's Address: 525 E. Thompson Rd

Indianapolis, IN 46237

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES NO X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Indianapolis Public Schools

Employer's Address: 201 E. Walnut ST.

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ___

If Yes, List the Names of Such Persons or Firms:

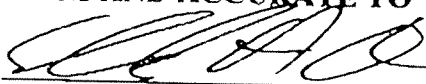
Tony George (IMS) - 2 Waterford Crystal wine glasses
IPL Dinner @ Mo's
IPL Dinner @ Fo Go De Chao
Indianapolis Motor Speedway - 2 tickets May 2009 Indy 500

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**
YES ___ NO X

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

7/1/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: _____ N. Susie Day _____
- b. Your Residence: _____ 245 Churchman Ave _____
_____ Beech Grove, IN 46107 _____
- c. Your Business Address: _____ 10 N. Senate Ave, SE 311 _____
_____ Indianapolis, IN 46204 _____

2. **a. Did You Receive Compensation From Any Employers in the Prior Year?**
YES X NO

If Yes, the Name and Address of all Such Employers

Employer's Name: _____ **State of Indiana** _____ **(1/09)**

Employer's Address: 10 N. Senate Ave, SE 311
Indianapolis, in 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?**
YES NO X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES X NO

If Yes, the Name and Address of Such Employer

Employer's Name: _____ State of Indiana _____

Employer's Address: _____ 100 N. Senate Ave., IGCN 440 _____

_____ Indianapolis, IN 46204 _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES X NO

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____ Kimberly Day _____

Employer's Name _____ Methodist Hospital _____

Employer's Address _____ 1801 Senate Blvd. _____

_____ Indianapolis, IN 46202 _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

- YES X NO

Entity's Name: Laura Kopetsky Tri-Ax (1/08 -7/08)

Entity's Address: 5320 S. Belmont Ave.
Indianapolis, IN 46217

5. **Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?**
YES ___ NO X

Person Serving: Councillor: ___ Spouse ___ Dependant Child ___

Address of Organization:

3

YES X NO

Indianapolis Motor Speedway

Indianapolis International Airport

Indianapolis Colts

- If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**
YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? 1

M. Susi Day
COUNCILLOR

June 24, 2009
DATE

4

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 1 **OF** 1 .

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR X CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION City of Indianapolis

ADDRESS: _____ **200 E. Washington St.** _____

Indianapolis, IN 46204

ADDITIONAL RESPONSE TO QUESTION 2

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE ___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION Laura Kopetsky, Tri-Ax (1/08-7/08)

ADDRESS: _____ **5320 S. Belmont Ave.** _____

Indianapolis, IN 46217

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Jose M. Evans

b. Your Residence: 7644 BANCASTER DRIVE
Indianapolis, IN 46268

c. Your Business Address: 1449 N. PENNSYLVANIA AVE
Indianapolis, IN 46218

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: SEPRACOR INC.

Employer's Address: 84 WATERFORD DRIVE
MARLBOROUGH, MA 01752

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: EVANS & ASSOCIATES LLC

Name under Which Such Business was Conducted: _____

GOVERNMENT RELATIONS, POLITICAL CAMPAIGNS, RESEARCH,

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: BUTLER University

Employer's Address: 4600 Sunset Ave

Indianapolis, IN 46208

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name: Indiana Latino Institute

Entity's Address: 445 N. Pennsylvania suite 800
Indianapolis, IN 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child ___

Name of Organization: Black & Latino Policy Institute, Indiana Latino Institute

Address of Organization: _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☐ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?
YES ☐ NO ☐

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR

June 30, 2009

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: MONROE GRAY JR.

b. Your Residence: 4811 SEVILLE DR.
INDOPLS, IND 46228

c. Your Business Address: _____

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ___ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ___ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child ___

Name of Organization:

FOREST MANOR NEIGHBORHOOD ASS.

Address of Organization:

5603 - E 38th ST.

INDIANAPOLIS, IND. 46219

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Monroe Gray Jr.
COUNCILLOR

6/29/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **Your Name:** Benjamin David Hunter (District # 21)

b. **Your Residence:**
10921 Midnight Drive

Indianapolis, IN 46239

c. **Your Business Address:**
Butler University: 4600 N. Sunset Avenue

Indianapolis, IN 46208

2. a. **Did You Receive Compensation From Any Employers in the Prior Year?**
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Butler University (Director of Public Safety)

Employer's Address: 4600 N. Sunset Avenue

Indianapolis, IN 46208

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **Were You Self-Employed?**
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Security and Safety Consultant

Name under Which Such Business was Conducted:

M&H Protection Consultants INC (Principle, interest dissolved November 2008.)

3. **a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?**

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Friedman Foundation for Educational Choice

Employer's Address: One American Square, Suite #2420
Indianapolis, IN 46202

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?**

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child

Employer's Name

Employer's Address

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☐ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ☐

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ☐ Dependant Child ☐

Name of Organization:

Peace Learning Center INC

Address of Organization:

6040 DeLong Road

Indianapolis, IN 46254

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?***

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Airport Authority - Parking Pass

Indianapolis Motor Speedway (IMS) Hulman-George Family

- IMS: Indy 500 complimentary tickets, May 25, 2008

- IMS: Allstate 400 complimentary tickets, July 27, 2008

- IMS: Red Bull GP complimentary tickets

Ford Motor Company

- Airline, Hotel, and Conference fees to Government Fleet Preview Show June 16-18, 2008

Indianapolis Motor Speedway (IMS) Hulman-George Family

- IMS: Indy 500 May 2009, Allstate, and GP

Indiana Pacers

United Consulting

Indianapolis Power and Light

Indianapolis Colts

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

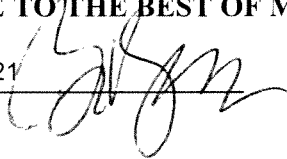
YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? One

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Benjamin Hunter - District # 21

COUNCILLOR



June 9, 2009

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ¹ **OF** ¹ **.**

ADDITIONAL RESPONSE TO QUESTION ^{#2} _____

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION IMPD - City of Indianapolis _____

ADDRESS: 200 E. Washington Street _____

Indianapolis, IN 46202

ADDITIONAL RESPONSE TO QUESTION ^{#5} _____

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION IU Partnership to Prevent Violent Injury _____

ADDRESS: Riley Hospital for Children - 702 Barnhill Drive _____

Indianapolis, IN 46202

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Maggie Ann Lewis

b. Your Residence: 4235 Grace Edge Lane
Indpls. IN 46254

c. Your Business Address: _____

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Community Consultant / Neighborhood engagement
Name under Which Such Business was Conducted: Maggie A. Lewis /
Legacy 1 Solutions

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Marion County Assessor's Office

Employer's Address: 200 E. Washington Street, Room 1342
Indpls. IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☐

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00
USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ___

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

CROOKED CREEK CDC

Entity's Address:

9101 N. Wasleyan Road, Suite 114

Indpls. IN 46268

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child ___

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☐ NO ☒

If Yes, List the Names of Such Persons or Firms:

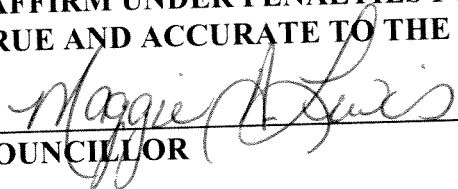
7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**
YES ☐ NO ☐

If Yes, How May Additional Sheets be Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR



DATE



SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION Indiana Criminal Justice Inst.

ADDRESS: 101 W. Washington St. # 1170
Indpls. IN 46204-3411

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION Fairbanks

ADDRESS: 8102 Clearvista Parkway
Indpls. IN 46254

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Robert B. Lutz

b. Your Residence: 1156 Texarkana Dr.
Indianapolis IN 46231

c. Your Business Address: 5026 Crawfordsville Rd.
Speedway IN 46224

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis

Employer's Address: 200 E Washington St.
Indianapolis IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: legal services

Name under Which Such Business was Conducted: _____

Robert B. Lutz - Attorney at Law

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: City of Indianapolis

Employer's Address: 200 E. Washington St.

Indianapolis IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒ no dependant children

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X for year of 2008

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

- YES X NO

Indianapolis Motor Speedway
Indianapolis Power & Light Company
Citizens Gas
Indianapolis Colts

- YES NO ☒

If Yes, How May Additional Sheets be Attached?

COUNCILLOR

DATE _____

4

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: BRIAN MAHERN

b. Your Residence: 1415 Lexington Ave.
INDPIS, IN 46203

c. Your Business Address: ~~101~~ 101 W. Washington
St. Suite 1500 E 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES Y NO

If Yes, the Name and Address of all Such Employers

Employer's Name: STATE OF INDIANA

Employer's Address: 101 W. Washington St.
Suite 1500 E. 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES NO X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: SELF EMPLOYED

Employer's Address: 856 WEST DR.

INDIANAPOLIS, IN 46201

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

N/A

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child ___

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ___

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway
Indianapolis Colts

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO X

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Brian Plakem
COUNCILLOR

6/29/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Dane Mahern

b. Your Residence:

2313 S Garfield Dr.

Indpls IN 46203

c. Your Business Address:

200 E. Washington St.

Indpls IN 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis

Employer's Address: 200 E Washington St.

Indpls IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: DAVE + Busters 2009 (Sheraton Downtown) 2008 - Beginning 2009

Employer's Address: 82nd + Allisonville 31 W. Ohio

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ____ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES ☒ NO ☒

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway tickets two tickets to Buents
- (A gift at Christmas time)
Colts pre season game owner suite

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Dane Mahan
COUNCILLOR

6-25-2007
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ___

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child ___

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES X NO

If Yes, List the Names of Such Persons or Firms:

2068

Indpls Power + Light - Group dinners
Fred Mills

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES NO X

If Yes, How May Additional Sheets be Attached?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Daphara Malone
COUNCILLOR

6/8/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

Dam
6/8/09

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Angela L. Mansfield
- b. Your Residence: 7836 Harcourt Springs Court
Indianapolis IN 46260
- c. Your Business Address: See below

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Dulchame, McMiller & Assoc

Employer's Address: 8440 Allison Pointe Blvd, Suite 300
Indianapolis IN 46250

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ___ NO ___ *N/A*

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ___ NO ___ *N/A*

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. **Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?**
YES ___ NO ✓

If Yes, List the Names of Such Persons or Firms:

Additional Voluntary Disclosure:

Airport Parking Pass

*Indianapolis Motor Speedway 1. Christmas gift of glasses
2. Brickyard 400 tickets*

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ✓

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Charles L. McFarland
COUNCILLOR

6-22-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Wed. June 11 6 p.m.
Training

Due end
of month

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Janice Shattuck McHenry

b. Your Residence:

7641 Torbay Circle
Indianapolis, IN 46254

c. Your Business Address:

Home

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Mill Creek Community Schools

Employer's Address: 6631 S. County Rd. 200 W.
Clayton, IN 46118

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Sears Holding (K-Mart Corporation)

Employer's Address: 7425 E. Washington Street
Indianapolis, IN 46219

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☐

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child ___

Name of Organization:

1. C I C O A - (Council Representative)
2. I M A G I S - (Council Representative)

Address of Organization:

1. 4 755 Kingsway Drive, Suite 200 - 46205
2. 200 E. Washington St., Suite 1322 - 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway
Indianapolis Colts
Airport Reception - PreOpening
United Water
AT+T
IPL
City of Indianapolis (Mayor)

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Janice McHenry
COUNCILLOR

June 29, 2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. **a. Your Name:** Doris Minton McNeill

b. Your Residence:

2056 N. Medford Avenue, Indianapolis, IN 46222

c. Your Business Address:

2. **a. Did You Receive Compensation From Any Employers in the Prior Year?**
YES X__ NO __

If Yes, the Name and Address of all Such Employers

Indianapolis Public Schools
Employer's Name: _____

120 E. Walnut Street, Indianapolis
Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES X__ NO __

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. **a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?**

YES __ NO X

If Yes, the Name and Address of Such Employer

Employer's
Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?**

YES ____ NO X

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X___

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X Not sure about this – I am president of a neighborhood association who has request grant funds from GINI – Not sure if this counts___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO X

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ✓

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR


DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Michael J. McQuillen

b. Your Residence: 9130 Prairie Ridge CT
Indpls, IN 46256

c. Your Business Address: above address same - plus City of Indianapolis,
200 E. Washington St., Indpls, IN 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: N/A

Employer's Address: N/A

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Antiques & Collectibles Sales

Name under Which Such Business was Conducted: Michael J. McQuillon
and PoliticalParade.com

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Lawrence Township Schools

Employer's Address: 7601 E. 56th St., Indpls, IN 46226

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child N/A

Employer's Name N/A

Employer's Address N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

_____ N/A

Entity's Address:

_____ N/A

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child ___

Name of Organization:

_____ President Benjamin Harrison Home - Collections Comm. Hee - member

Address of Organization:

_____ 1230 N. Delaware ST

_____ Edgely, IN 46302

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway

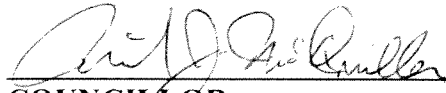
7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? N/A

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

06-23-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Mary Bridget Moriarty Adams
b. Your Residence: 5256 East 13th Street
Indianapolis, IN 46219
c. Your Business Address: 200 East Washington Street, Room 241
Indianapolis, IN 46204
2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐
If Yes, the Name and Address of all Such Employers
Employer's Name: Marion County Assessor
Employer's Address: 200 East Washington Street, Room 1360
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Marion County Sheriff's Dept.

Employer's Address: 40 South Alabama
Indianapolis, IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? N/A
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. **Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?**
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway Race Tickets
AT&T "500 Race" Parade Breakfast/Brunch
Indianapolis Downtown Inc "Circle of Lights" Party/Reception
Indianapolis Airport Authority Parking card
Vesita Water (Dinner at the Fall conference of National League of cities) Orlando, FL.

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Mary Bridget Moriarty Adams
COUNCILLOR

6/15/2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET 1 **OF** 1.

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE ___
DEPENDANT CHILD _____

ADDITIONAL RESPONSE TO QUESTION 3

ADDITIONAL RESPONSE TO QUESTION

PERSON, ENTITY OR ORGANIZATION

ADDRESS: _____

5

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Jackie Nytes

b. Your Residence: 3444 Washington Blvd
Indianapolis, IN. 46205

c. Your Business Address: 130 E. 30th St
Indianapolis IN 46205

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐ [Info on the Council position omitted]

If Yes, the Name and Address of all Such Employers

Employer's Name: IUPUI Graduate School MFCDC
Employer's Address: Indpls. 130 E. 30th St.
Indpls. IN Indpls. IN 46205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Printing Partners

Employer's Address: 929 W. 16th
Indpls, IN 46202

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?
YES ☒ NO ☐

If Yes, the Name and Addresses of Such Business Entities

Entity's Name: Printing Partners

Entity's Address: 929 W. 16th St.
Indpls

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ☒ NO ☐

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ☐ Dependant Child ☐

Name of Organization: Indianapolis Symphony Orchestra

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

2 Indy 500-Tix Value \$160⁰⁰ total

2 Indy Brickyard Tix Value \$160 total

Actual
the
500
does
try to
influence
much
our
action

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jackie Nixes
COUNCILLOR

June 29 09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: William C. Oliver

b. Your Residence: 4712 E. 34th St.
Indpls. IN. 46218

c. Your Business Address: 4712 E. 34th St.
Indpls IN. 46218

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Snow Removal

Name under Which Such Business was Conducted: Oliver's Enviro
SER

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

William C. Albino
COUNCILLOR

6-29-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Marilyn Fister

b. Your Residence: 1001 Mt Auburn Dr.
Indpls, In. 46224

c. Your Business Address: see above for Police Council office

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

6. **Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?**
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

I attended a dinner hosted by IPL and I hosted by United Water. They did not exceed \$100

I received a Christmas gift & 2 tickets to the Buckyard from the I.M.S. However they do not do business with City nor do they try to influence my vote.

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Maudie Fletcher
COUNCILLOR

June 24, 2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Plowman, Lincoln L.

b. Your Residence:

7356 Oxbridge Place
Indianapolis, IN 46259

c. Your Business Address:

7815 S. Emerson Ave., #269
Indianapolis, IN 46237

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Indianapolis Metropolitan Police Department

Employer's Address: 50 N. Alabama St.
Indianapolis, IN ~~46204~~ (46204)

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. **Did You, Your Spouse or any of Your Dependant Children Either**
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?**

YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ **Spouse** ___ **Dependant Child** _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO X

If Yes, List the Names of Such Persons or Firms:

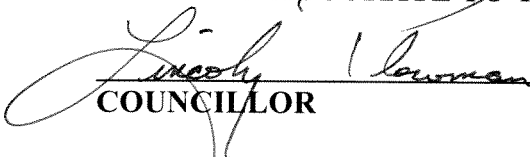
7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES X NO ___

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILOR

6/8/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET 1 **OF** 1.

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

Indianapolis, IN 46204

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD

ADDRESS: _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD

ADDRESS: _____

5

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Joanne M. Sanders

b. Your Residence: 5144 N Carrollton Ave
Indianapolis, IN 46205

c. Your Business Address: 1430 Broadway 20th Fl
New York, NY 10018

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES XX NO

If Yes, the Name and Address of all Such Employers

Employer's Name: Int'l Alliance of Theatrical Stage Employees

Employer's Address: 1430 Broadway 20th Fl
New York, NY 10018

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES NO XX

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: N/A

Name under Which Such Business was Conducted: N/A

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: N/A

Employer's Address: N/A

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child N/A

Employer's Name N/A

Employer's Address N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO XX

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

N/A

Entity's Address:

N/A

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES XX NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: XX Spouse ___ Dependant Child ___

Name of Organization:

Indianapolis Downtown Inc

Address of Organization:

1 East Ohio Street--Chase Tower 16th FL

Indianapolis, IN 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES XX NO

If Yes, List the Names of Such Persons or Firms:

Dinner at Nat'l League of Cities--Veolia Water
500 Tix, Brickyard Tix--Indianapolis Motor Speedway

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**
YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR

June 29, 2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY
BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 5

APPLICABLE TO: COUNCILLOR xx CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION ICVA

ADDRESS: 30 S Meridian Street Ste 410
Indianapolis, IN 46204

ADDITIONAL RESPONSE TO QUESTION 5

APPLICABLE TO: COUNCILLOR XX CANDIDATE _____ SPOUSE _____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION CIRTA

ADDRESS: 200 East Washington Street RM 2002
Indianapolis, IN 46204

ADDITIONAL RESPONSE TO QUESTION 5

APPLICABLE TO: COUNCILLOR XX CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION Bethlehem House

ADDRESS: 130 East 30th Street
Indianapolis, IN 46205

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Christine Scales
- b. Your Residence: 5133 Plantation Drive
Indianapolis, Indiana 46250
- c. Your Business Address: N/A

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☐ NO ☒

If Yes, the Name and Address of all Such Employers

Employer's Name: _____

Employer's Address: _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's
Name: Radiology Associate's of Indianapolis

Employer's Address: 1600 Albany, Suite 906
Beech Grove, IN 46107

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child _____

Name of Organization:

United Northeast Community Development Corporation

Address of Organization:

3636 E. 38th Street

Indianapolis, IN 46218

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with

Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

- 1) 2 tickets to opening game of Colt's team at Lucas Oil Stadium - Tim Insay's Suite, from Tim Insay
- 2) 2 Wine glasses with Indianapolis Motor Speedway Engravings - from the IMS - possibly \$100+ value
- 3) \$150.00 gift Card to Sullivan's Steakhouse from Bill Dahm / Mike's Express Car Wash in appreciation for efforts benefitting business location. *Returned gift card - see note attached.
- ④ IPL Dinner at Conrad Hotel
- ⑤ IMS offer of tickets to scheduled races - refused

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Christine Seales
COUNCILLOR

July 1, 2009
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

*See Attached
Sheet*

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

June 30,2009

Mr. David Ellis
Mike's Express Carwash
10251 Hague Road
Indianapolis, Indiana 46256

Dear Mr. Ellis:

Please accept my belated recognition of your thoughtful \$150.00 gift card to Sullivan's Steak House. I know your intentions were to show appreciation for my efforts on behalf of Mike's Express Carwash. It would be inappropriate for me to accept it, as serving and working on behalf of my constituents is what I was elected to do. The pleasure I receive in fulfilling the responsibilities of my office, especially when my efforts are met with satisfaction, is all I expect.

Please know that the thought behind the gift card is an encouragement to me.

I look forward to a working to seeing the Kelly Lane issue brought to successful resolution.

Sincerely,

Christine Scales
City County Councillor, District 4

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Kent Bradley Smith

b. Your Residence:

1122 Brook Lane Indianapolis IN 46202

c. Your Business Address:

1122 Brook Lane Indianapolis IN 46202

2. a. Did You Receive Compensation From Any Employers in the Prior Year?

YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: U.S. Army / Military Department of Indiana

Employer's Address: 2002 S Holt Rd.

Indianapolis IN 46241

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Consultant - Financial

Name under Which Such Business was Conducted: KBS Consulting

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Indiana Workforce Development

Employer's Address: 850 Beechway Drive Suite 110
Indianapolis, Indiana 46224

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☒ NO ___

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☒ Spouse ___ Dependant Child ___

Name of Organization:

Geo Foundation - Charterschool

Address of Organization:

2600 Capitol Ave.

Indianapolis Indiana

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. **Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?**

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Power and Light
Indianapolis Downtown Inc
Veolia Water
United Water
Indianapolis Airport
Indianapolis 500

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? 0

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

29 June 09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Mike Speedy

b. Your Residence: 4733 Moss Creek Terrace
46237

c. Your Business Address: 6801 Gray Rd, Ste. G
46237

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis

Employer's Address: 200 E. Washington St.

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☒ NO ☐

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Real Estate Development/Consulting

Name under Which Such Business was Conducted: _____

American Village Properties, LLC

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☒ NO ☐

If Yes, the Name and Addresses of Such Business Entities

Entity's Name: Brookhaven Apartments, L.P. / Herman & Kittle Properties, Inc.

Entity's Address: 500 East 96th Street, Ste 300
Indianapolis, IN 46240

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ☐ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☐ Spouse ☐ Dependant Child ☐

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway
a) Tickets to Indy 500
b) " to Allstate 400
c) " to Motorcycle Race
d) Holiday Glassware
Indiana Youth Links Golf Outing Fundraiser - June 2008
Airport Authority Parking Privileges
Dinner with Caucus Members hosted by IPL

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☒ NO ☐

If Yes, How May Additional Sheets are Attached? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Mike Freedy
COUNCILLOR

6-30-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET 1 OF 1.

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE ___
DEPENDANT CHILD _____

ADDRESS: 6801 Gray Rd, Ste G
46237

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE ___
DEPENDANT CHILD

ADDRESS: 8910 Purdue Road, Ste. 730
Indianapolis, IN 46268

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ☐ SPOUSE ☐
DEPENDANT CHILD ☐

ADDRESS: 6101 Newport Rd LLC
Portage, MI 49003

5

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Ryan Vaughn

b. Your Residence:
8212 N. College Ave
Indianapolis, IN 46240

c. Your Business Address:
11 S. Meridian
Indianapolis, IN 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: Barnes Thornburg LLP

Employer's Address: 11 S. Meridian
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: law

Name under Which Such Business was Conducted: Barner & Thornburg LLP

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?

YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Rolls-Royce

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?

YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child None

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ☒ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name: Barnes & Thornburg LLP

Entity's Address: 11.5. Meridian
Indianapolis, IN 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?

YES ☐ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ☐ Spouse ☐ Dependant Child ☐

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. **Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?**

YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

Indianapolis Chamber of Commerce
Indiana Pacers
Indianapolis Colts
Indianapolis Power & Light

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR

6/29/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Angela Gonzalez
b. Your Residence: 116 S. Audubon Rd. #4, Indianapolis, IN 46219
c. Your Business Address: 200 E. Washington St., Rm. 241T
Indianapolis, IN 46204
2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City-County Council (City of Indianapolis)

Employer's Address: 200 E Washington St. Rm. 241T
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ☒ NO ☐

If Yes, the Name and Address of Such Employer

Employer's Name: Concrete Contractors, Inc.

Employer's Address: 295 S. Muessing
Indianapolis, IN 46229

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ☐ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ___ NO X

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ☒ NO ☐

If Yes, List the Names of Such Persons or Firms:

My ministry clown troupe has received donations from area
Indianapolis-Marion County Library branches for performing at
Library events (in aggregate, not more than \$400)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets?

YES ☐ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Angela Gonzalez
COUNCILLOR Assistant Clerk

6-5-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: NaTrina S. Moffett
b. Your Residence: 11624 Eldridge Dr. Indpls. IN 46235
c. Your Business Address: _____

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City of Indianapolis / City County Council
Employer's Address: 200 E Washington St., Suite 241
Indpls. IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

- b. Were You Self-Employed?
YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?
YES ___ NO ☒

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. Did You, Your Spouse or any of Your Dependant Children Either
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO ☒

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
YES ___ NO ☒

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*
YES ___ NO ☒

If Yes, List the Names of Such Persons or Firms:

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO ☒

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Yazmina S. Moffett
~~COUNCILOR~~ Assistant Clerk

6/10/09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL

ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. Your Name: Melissa Thompson

b. Your Residence:

5335 Norwalk Ave.
Indpls. IN 46220

c. Your Business Address:

200 E. Washington St. Rm 241
Indpls. IN 46204

2. a. Did You Receive Compensation From Any Employers in the Prior Year?
YES ☒ NO ☐

If Yes, the Name and Address of all Such Employers

Employer's Name: City-County Council

Employer's Address: 200 E. Washington St. Rm 241
Indpls. IN 46220

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. Were You Self-Employed?

YES ☐ NO ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was Conducted: _____

3. **a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?**

YES ___ NO ___

If Yes, the Name and Address of Such Employer

Employer's Name: _____

Employer's Address: _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?**

YES ___ NO ___

If Yes, the Name and Address of Such Employer

Name of Dependant Child _____

Employer's Name _____

Employer's Address _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. **Did You, Your Spouse or any of Your Dependant Children Either**
(i) Serve as an Officer of,
(ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
Any Business that did Business with or Solicited Business with the City or County?

YES ___ NO X

N/A

If Yes, the Name and Addresses of Such Business Entities

Entity's Name:

Entity's Address:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?**

YES ___ NO X

N/A

If Yes, The Name and Address of such Organization or Organizations:

Person Serving: Councillor: ___ Spouse ___ Dependant Child _____

Name of Organization:

Address of Organization:

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *Except for Campaign Donations , Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action?*

YES ___ NO X

If Yes, List the Names of Such Persons or Firms:

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. **Are You Attaching Additional Sheets?**

YES ___ NO X

If Yes, How May Additional Sheets are Attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Melissa Thompson
COUNCILLOR

6-23-09
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]